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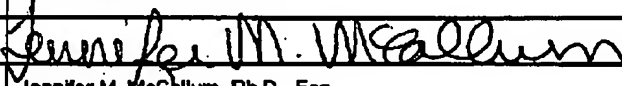
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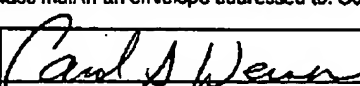
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|---|------------------------|-------------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 10/734,651        |
|   | Filing Date            | December 12, 2003 |
|   | First Named Inventor   | Thomas B. Kent    |
|   | Art Unit               | 3736              |
|   | Examiner Name          |                   |
| Total Number of Pages in This Submission  | Attorney Docket Number | FERX.2 C1CP1      |

| ENCLOSURES (Check all that apply)   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input checked="" type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD<br><br><div style="border: 1px solid black; padding: 2px;"> <b>Remarks</b><br/>         Credit Card payment of \$290.00 is enclosed. I hereby authorized any overpayment or underpayment be applied to Deposit Account No. 50-2679.       </div> | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Credit card form 2038 |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |          |        |
|--|---|----------|--------|
| Firm Name                                  | The McCallum Law Firm LLC   |          |        |
| Signature                                  |  |          |        |
| Printed name                               | Jennifer M. McCallum, Ph.D., Esq.   |          |        |
| Date                                       | May 12, 2005  | Reg. No. | 52,492 |

| CERTIFICATE OF TRANSMISSION/MAILING   |   | 703.872.9306 |
|---|---|--------------|
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| Signature   |  |              |
| Typed or printed name   | Carol Werner  | Date 5-12-05 |

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